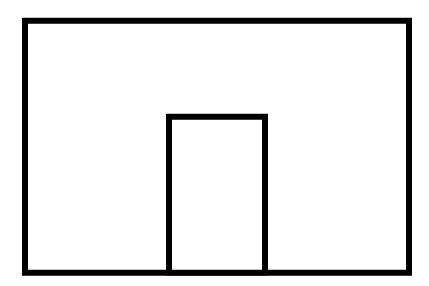
Module II. An Orientation-The State of Utah's Home and Community-Based Services Acquired Brain Injury Waiver Program



Instructions to This Module:

- Please meet with your supervisor and go through those sections of the module that might not be clear to you.
- Please contact the ABI Program Manager to discuss this module with you. You can call the ABI Program Manager at (801) 538-8244.

Objectives of This Module:

- a) Understand the components of the Brain Injury Waiver Program.
- b) Understand how Medicaid Waivers are designed.
- c) Understand the difference of Acquired Brain Injury (ABI) state funded eligibility criteria, and ABI eligibility criteria for Waiver Services.
- d) Understand Level of Care.
- e) Understand what the Federal Government has to do with the ABI Waiver.
- f) Understand what services are available on the ABI Waiver.

The State of Utah HCBS/ Acquired Brain Injury Waiver Program Questions and Answers

Who is CMS?

CMS (the Centers for Medicare and Medicaid Services) is an agency of the federal government (a division of the U.S. Department of Health and Human Services) that provides funding to states for Medicaid and Medicare healthcare programs. CMS used to be known as the Health Care Financing Administration (HCFA).

Who is DSPD?

DSPD stands for the Division of Services for People with Disabilities. DSPD promotes opportunities and provide support for persons with disabilities to lead self-determined lives. DSPD oversees home and community-based services for more than 4,000 people who have disabilities. Support includes community living, day services, supported employment services, and support for people with disabilities and their families. DSPD is an agency under the umbrella of the Utah Department of Human Services. The Division of Services for People with Disabilities administers the following three Medicaid waivers with the assistance of the Dept. of Heath, Division of Healthcare Finance:

HCBS-DD/MR Waiver

HCBS- Acquired Brain Injury Waiver

HCBS- Physical Disabilities Waiver

What is HCBS?

HCBS stands for Home and Community Based Service Waiver.

What is a Medicaid Waiver?

States have the opportunity to develop programs and services for special needs populations that are cost-effective alternatives to institutional care arrangements funded under Title XIX of the Social Security Act (entitled "Grants to States for Medical Assistance Programs," i.e., Medicaid). States may obtain approval from CMS for the authority to operate Home and Community Based Services (HCBS) by "waiving" certain Title XIX requirements. Medicaid waivers allow a person who qualifies for services in a nursing home or intermediate care facility for people with mental retardation (ICFMR) to receive services in their own home and community. The Division serves people who qualify for and receive Medicaid waiver services and those whose services are funded by non-Medicaid sources.

Medicaid waivers are designed to:

- Promote access, inclusion and the development of valued social roles in local communities for people with disabilities.
- Foster mutually beneficial relationships among people with disabilities and members of their local communities.
- Provide support so that adults with disabilities can live safely in the neighborhoods they choose.
- Provide support so that children with disabilities can live with their families.
- Improve the independence people with disabilities have from their caregivers.
- Provide the money for supports that people with disabilities need without over-burdening the state general fund.

What is the Acquired Brain Injury Waiver?

The waiver provides certain services to an individual found eligible to be served by the waiver. The services include Supported Employment Services; Homemaker Services; Respite Care (Unskilled); Specialized Medical Equipment; Personal Emergency Response System; Companion Services; Family Assistance and Support; Day Habilitation (Structured Day Program); Community Living Support, Chore Services; Transportation (non-medical). (These services are explained later in depth in this module.)

What is eligibility for Non-Waiver Brain Injury Services and eligibility for Acquired Brain Injury Waiver Services?

Both eligibility definitions are found in the Division's Administrative Rules. Please click on the links below for the most current rule.

R539-1-8. Eligibility for Non-Waiver Brain Injury Services.
R539-1-9 Eligibility for Acquired Brain Injury Waiver Services.

What is the CFR?

CFR stands for the Code of Federal Regulations. The CFR is the codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government (like CMS Centers for Medicare and Medicaid Services).

What is the Level of Care?

Level of care means the level of care that is provided in a nursing home according to the Health Department's Administrative Rule. Please click on the links listed below of the most current rule. R414-502-3. Approval of Level of Care.

R414-502-4. Criteria for Nursing Facility III Care.

R414-502-5. Criteria for Nursing Facility II Care.

R414-502-6. Criteria for Nursing Facility I Care.

R414-502-7. Criteria for Intensive Skilled Care.

What qualifications does a Qualified Acquired Brain Injury Support Coordinator need?

Qualified Support Coordinators shall possess at least a Bachelors degree in nursing, behavioral science or a human services related field such as social work, sociology, special education, rehabilitation counseling, or psychology and demonstrate competency relating to the planning and delivery of health services to the Acquired Brain Injury population through successful completion of a training and testing program approved by the State Medicaid Agency.

To become a Qualified Acquired Brain Injury Support Coordinator, employees must complete all modules of this manual and pass the QBIP test.

What services are available under the Acquired Brain Injury Waiver?

<u>ABI Support Coordination</u> serves the purpose of: (a) establishing and maintaining the individual in the support system and the Home and Community-Based Services Waiver in accordance with program requirements and the individual's assessed support needs and (b) coordinating the delivery of quality waiver services.

Support Coordination assists individuals to: (a) establish Medicaid financial and categorical eligibility, (b) identify the supports necessary to insure the individual's health and safety, (c) write, coordinate, integrate, and assure the implementation of the individual's support plan, (d) gain access to waiver supports, State Plan services, medical, social, and educational assessments and services, and any other services, regardless of the funding source, and (e) develop a personal budget as a component of the individual support plan.

Support Coordination also involves activities to: (f) provide an initial assessment and ongoing reassessment of the individual's level of care determination, (g) facilitate a person-centered plan, (h) review the individual's support plan at such intervals as are specified in appendices D & E of the Waiver Application document, (i) write and update personal social history, (j) provide ongoing monitoring to assure the provision and quality of the supports identified in the individual's support plan, (k) instruct the individual/legal representative/family how to independently obtain access to services and supports, regardless of funding source, (l) provide discharge planning services up

to 90 days immediately prior to the date an individual living in a Nursing Facility is transitioned to the waiver, and (m) provide discharge planning services up to 90 days immediately prior to the date an individual is disenrolled from the waiver.

<u>Chore Services</u> serve the purpose of maintaining a clean, sanitary and safe living environment in the individual's residence.

Chore Services involve heavy household tasks such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress.

Elements of Chore Services Category: The Chore Services category includes both an agency-based provider model and a self-directed employee model.

Limitations: These services will be provided only in cases where the individual lacks the ability to perform or financially provide for the services, and no other relative, caregiver, landlord, community/volunteer agency, third party payer, or other informal support system is capable of or responsible to perform or financially provide for the services. In the case of rental property, the responsibility of the landlord, pursuant to the lease arrangement, will be examined prior to any authorization of service.

<u>Community Living Supports</u> serve the purpose of facilitating independence and promoting community integration by assisting an individual to gain or maintain skills necessary to live as independently as possible in the type of community-based housing arrangement the individual chooses, consistent with the outcome for community living defined in the individual's support plan.

Community Living Supports can include up to 24-hour direct care staff support. Actual type, frequency, and duration of direct care staff support, and other community living supports are defined in the individual's support plan based on the individual's selected housing arrangement and assessed needs. Supports are available to individuals who live alone, with roommates, or with family. Community Living Supports incorporate Companion Services, which consist of non-medical care, supervision, and socialization, as part of the bundle of services provided. Community Living Supports also include assistance with activities of daily living and instrumental activities of daily living which include assistance with meal preparation, eating, bathing, dressing, and/or personal hygiene as determined by the person's identified needs.

Elements of Community Living Supports Category: The Community Living Supports category includes the elements: (a) congregate residential service, (b) host home service, (c) extended living supports in a congregate setting, and (d) supported living service in a home setting. Community Living Supports also include both an agency-based provider model and a self-directed employee model.

The self-directed employee model requires the enrollee to use a Waiver Personal Services Agent as an integral component of the waiver service to assist with managing

the employer-related financial responsibilities associated with the self-directed employee model.

Limitations: Payments for residential services are not made for room and board, the cost of facility maintenance, or routine upkeep and improvement.

Companion Services involve non-medical care, supervision, and socialization provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of Companion Services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the Individual Support Plan, and is not purely diversional in nature. Because Companion Services are included in the bundle of services provided to individuals receiving Community Living Supports, these individuals are not eligible for services under the independent Companion Services category.

Elements of Companion Services Category: The Companion Services category includes both a quarter-hour element for use in cases of incremental services totaling less than six (6) hours per day and a flat sum daily element for services involving six or more hours per day.

<u>Family Assistance and Support</u> serves the purpose of enabling the family member with disability, who so desires, to remain in and be supported in the family home. Family Supports are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

Family Assistance and Support can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions, and supervision and training to the family/ caregiver/ individual in all areas of daily living. The supports may also include other activities that are identified in the individual's support plan as necessary for continued skill development. Skill development supports may include: a) developing interventions to cope with problems or unique situations that may occur within the complexity of the family, b) techniques of behavior supports, c) enrollment in special summer programs, d) social skills development, e) appropriate leisure time activities, and f) instruction and consultation for the individual with disabilities, the parent and/or siblings.

Elements of Family Assistance and Support Category: The Family Assistance and Supports category includes both an agency-based provider model and a self-directed employee model.

In the self-directed employee model, the individual may use an individual age 16 and older as a direct provider of support. The self-directed employee model requires the

enrollee to use a Waiver Personal Services Agent as an integral component of the waiver service to assist with managing the employer-related financial responsibilities associated with the self-directed employee model.

Limitations: Services and supports provided through the Family Assistance and Support category are intended to accomplish a clearly defined outcome that is outlined in the individual support plan, including the expected duration of the activity and the measures to be used to gauge progress. The activities will not consist solely of companionship or observation of the individual during leisure and other community events.

Habilitation, Day (Structured Day Program) is a program of meaningful supervised activity directed at the development and maintenance of independence and community living skills. Services may take place at home or in a setting separate from the home in which the recipient lives. Services shall include nutritional supervision, health monitoring and recreation as appropriate to the Individualized Support Plan, and transportation to program activities. Services may include group or individualized life skills training that will prepare the individual for community reintegration, including, but not limited to, attention skills, task completion, problem solving, safety and money management.

Transportation between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) is the responsibility of the Day Habilitation provider when other transportation is not available. Transportation between the individual's place of residence and the site of the habilitation services, or between habilitation sites is covered as a separate waiver service and will not be reimbursed as an element of the Habilitation, Day rate.

Elements of Habilitation, Day Category: The Habilitation, Day category involves a nonsite based element in which a variety of settings, including the home, are utilized to develop a meaningful day program specific to the individual's circumstances, and a sitebased element in which an individual-specific daily worksheet is used in a structured program such as a workshop or day treatment facility.

Limitations: Habilitation services are not otherwise available through a program funded under the Rehabilitation Act of 1973. Division of Vocational Rehabilitation services are excluded from payment as a waiver service. Non-site based services are not provided exclusively in the home and may not occur solely in the home on any single day.

<u>Homemaker Services</u> serve the purpose of maintaining a clean and sanitary living environment in the individual's residence.

Homemaker Services consist of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for those activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards

of education and training as are established by the State for the provision of these activities.

Elements of Homemaker Services Category: The Homemaker Services category includes both an agency-based provider model and a self-directed employee model.

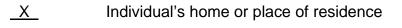
<u>Personal Emergency Response System (PERS)</u> serves the purpose of enabling the individual who has the skills to live independently or with minimal support to summon assistance in an emergency.

Personal Emergency Response System is an electronic device of a type that allows the individual requiring such a system to rapidly secure assistance in the event of an emergency. The device may be any one of a number of such devices but must be connected to a signal response center that is staffed twenty-four hours a day, seven days a week by trained professionals. Reimbursement shall include the rental or purchase, installation, removal, replacement and/or the repair of the system.

Elements of Personal Emergency Response System Category: The Personal Emergency Response System category includes elements for purchase, for installation and testing, and for an ongoing service fee.

Respite Care Services (Unskilled) serve the purpose of providing coverage and/or relief, on a short-term basis, for those persons who normally provide care in a home setting to an individual who is unable to care for himself or herself.

Respite Care Services includes day and overnight services and may be provided in the following locations:



- X Facility approved by the State that is not a private residence.
- X Temporary care facilities and overnight camps which meet the standards set by DSPD for the temporary care of people with special needs.
- X Other: As specified in the individual support plan, in the community, which may include the private residence of the individual providing respite care, in which case the individual will meet the standards prescribed by the DSPD Regional Office with whom they contract.

Elements of Respite Care Services Category: The Respite Care Services category includes both an agency-based provider model and a self-directed employee model.

The self-directed employee model requires the enrollee to use a Waiver Personal Services Agent as an integral component of the waiver service to assist with managing

the employer-related financial responsibilities associated with the self-directed employee model.

Limitations: Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not the person's private residence.

<u>Specialized Medical Equipment & Supplies</u> to include devices, controls, or appliances, specified in the individual support plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with he environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

Elements of Specialized Medical Equipment & Supplies Category: The Specialized Medical Equipment & Supplies category includes elements for purchase and for an ongoing service fee.

Limitations: Expenditures for specialized medical equipment and supplies will be in accordance with Division of Services for People with Disabilities policy and all purchases will comply with State procurement requirements. Each item of specialized medical equipment and medical supplies must be prior approved based on a determination of medical necessity and a determination that the item is not available as a Medicaid State Plan service.

<u>Supported Employment Services</u> serves the purpose of supporting individuals, based on individual need, to obtain, maintain, or advance in competitive employment in integrated work settings.

Supported Employment can be full or part time and occurs in a work setting where the individual works with individuals without disabilities (not including staff or contracted coworkers paid to support the individual). Supported Employment may occur anytime during a twenty-four hour day and supports are made available in such a way as to assist the individual to achieve competitive employment (compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled). Individuals in Supported Employment are supported and employed consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual as indicated in the individual's support plan. An individual may be supported individually or in a group. When appropriate, the agency providing

Supported Employment may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the work day.

Elements of Supported Employment Services Category: The Supported Employment Services category includes an element of routine supported employment in which the participating individual is employed in a competitive work environment specific to the individual's circumstances and an element of enclave employment in which participating individuals are employed in an integrated group setting at a host company or in a self-contained business.

Limitations: Payment will only be made for adaptations, supervision, and training required by an individual as a result of the individual's disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation will be maintained that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act. Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

<u>Transportation Services (Non-medical)</u> serve the purpose of allowing the individual access to other waiver supports necessary to live an inclusive community life. Individuals receiving services are trained, assisted, and provided opportunities to use regular transportation services available to the general public in their community. If regular transportation services are not available or do not meet the needs of the waiver enrollee, waiver non-medical transportation becomes an option.

Transportation Supports are only provided as independent waiver services when transportation is not otherwise available as an element of another waiver service. The need for transportation must be documented as necessary to fulfill other identified supports in the individual support plan and the associated outcomes.

Elements of Transportation Services Category: The Transportation Services category consists of elements for enrollee/family arranged transportation, for transportation by an agency-based provider, and for a multi-pass for a public transit system.

Limitations: Medicaid payment for transportation under the approved waiver plan is not available through medical transportation, transportation available thru the State plan, transportation that is available at no charge, or as part of administrative expenditures. Additional transportation supports will not be available to community living, day habilitation, or supported employment providers contracted to provide transportation to and from the person's residence to the site(s) of a day program when payment for transportation is included in the established rate paid to the provider

What is the Self-Administered-Model (SAM)?

The Self-Administered Model (SAM) offers an alternative to the Provider Agency Model by allowing persons with disabilities and their families to select providers that offer services in the home. The SAM allows persons with disabilities and their families to hire, train, and supervise employees who provide direct support in a home setting. The SAM applies only to those persons with disabilities that the Support Coordinator has determined to qualify for the following supports: